

<b>ARIZONA DEPARTMENT OF EDUCATION</b>  <b>NON-STATE EMPLOYEE TRAVEL REIMBURSEMENT CLAIM</b>				<b>NOTE: ALL REIMBURSABLE EXPENSES ARE SUBJECT TO STATE LIMITATIONS AND <u>MUST BE</u> ACCOMPANIED BY ORIGINAL RECEIPTS. (MEALS, LODGING AND MISC EXPENSE)</b>				BY MY SIGNATURE AS TRAVELER, I CERTIFY THAT I AM FAMILIAR WITH STATE OF ARIZONA TRAVEL POLICY AND THAT THE AMOUNTS FOR WHICH I SEEK REIMBURSEMENT REPRESENT EITHER THE AMOUNTS ACTUALLY SPENT FOR MEALS, INCIDENTALS, TRANSPORTATION OR LODGING EXPENDITURES AND/OR THE MILES ACTUALLY TRAVELED BY ME. I CERTIFY FURTHER THAT I HAVE WORKED THE NUMBER OF HOURS AND FULFILLED ALL THE OTHER CONDITIONS REQUIRED BY STATE TRAVEL POLICY TO BE REIMBURSED FOR MEALS CLAIMED.				P.O.# (PROGRAM USE ONLY)	
NAME				SOCIAL SECURITY NUMBER				LICENSE PLATE NO. **				INDEX#	
MAILING ADDRESS								PURPOSE OF TRAVEL					
PHONE NUMBER				E-MAIL ADDRESS OF TRAVELER				ARIZONA DEPT OF EDUCATION EMPLOYEE CONTACT NAME & PHONE NUMBER <b>Adult Education Services, Janice Cruz 602-364-2602</b>					
DATE	PLACE DEPARTED FROM ADDRESS, CITY, STATE	TIME	PLACE ARRIVED AT ADDRESS, CITY, STATE	TIME	ODOMETER START	ODOMETER END	MILES	MILES X 0.445	ITEMIZED MEALS \$	LODGING WITH RECEIPTS \$	MISC EXP WITH RECEIPTS \$	TOTAL EXPENSES	
						<b>TOTALS</b>							
I DECLARE UNDER PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS A TRUE, CORRECT AND VALID CLAIM AGAINST THE STATE OF ARIZONA, AND PAYMENT FOR THESE SERVICES AND/OR EXPENSES HAS NOT BEEN AND WILL NOT BE REIMBURSED FROM ANY OTHER SOURCES.  I/WE HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I/WE HAVE EXAMINED THIS DOCUMENT, THAT THIS TRANSACTION IS FOR A VALID PUBLIC PURPOSE, AND THAT THE FUNDS HAVE BEEN APPROPRIATED OR ARE OTHERWISE AVAILABLE TO COVER THIS TRANSACTION, AND, IF THE AVAILABLE FUNDS ARE FROM A FEDERAL GRANT, CONTRACT, OR OTHER SOURCE, THIS TRANSACTION IS ALLOWABLE UNDER THE TERMS OF SUCH A GRANT, CONTRACT, OR OTHER SOURCE, AND PAYMENT OR DISBURSEMENT OF THE AMOUNT CLAIMED HEREIN IS HEREBY APPROVED.								TOTAL TRAVEL EXPENSES					
								CLAIMANT SIGNATURE				DATE	
								DEPUTY OR ASSOCIATE SUPERINTENDENT SIGNATURE				DATE	
								ADE ACCOUNTING AUTHORIZED SIGNATURE				DATE	
(ACCOUNTING USE ONLY)													
TICKET NUMBER		PROCESSED DATE			CUR DOC (8)		BATCH #	COUNT	NO OF CLAIMS	MULTIPLE DOC AMOUNT		SINGLE CLAIM AMT	
DOC (3)	REF DOC (8)	REF SFX (3)	M (1)	TC (3)	INDEX (5)	PCA (5)	AY (2)	COBJ	PROJECT/PHASE	** ONLY IF CLAIMING MILEAGE REIMBURSEMENT			
001				222		99991		6291	403001-01	* ENTER EXPENSES DAILY		ADE REV 7/06	